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[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

Michael Mayo**FILED**

10/4/2021

PH RECEIVEDAUG 31 2021 *cm*THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURTTHOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No 1:21-cv-04653
 (To be Judge Robert M. Dow, Jr
 Magistrate Judge M. David Weisman
 PC7 / RANDOM

Tom DartDirector GavinSupt. HayesCCDOC Medical StaffCook County Sheriff's Dept. (CCDOC)(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")**CHECK ONE ONLY:****AMENDED COMPLAINT****COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)****COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)****OTHER (cite statute, if known)*****BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.***

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

A. Name: Michael Cooper Mayo

B. List all aliases: N/A

C. Prisoner identification number: 20181127027

D. Place of present confinement: COOK County Jail
2700 South California

E. Address: ██████████ Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: Tom Dart
Title: Sheriff
Place of Employment: CCDOC

B. Defendant: Director Gavin
Title: Director
Place of Employment: CCDOC

C. Defendant: Supt. Hayes
Title: Supt.
Place of Employment: CCDOC

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. Defendant: CCDOC Medical Staff
Title: Medical Staff
Place of Employment: CCDOC

E. Defendant: Cook County² Sheriff's Dept

Revised 9/2007

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: N/A

B. Approximate date of filing lawsuit: N/A

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A

D. List all defendants: N/A

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A

F. Name of judge to whom case was assigned: N/A

G. Basic claim made: N/A

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A

I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I am housed in division 8/3G. On April 29, 2020 after a riot on my deck, ERT was called to regain order. I have been prescribed a cane by a medical doctor to assist me with walking and also prohibits me from being cuffed while moving. ERT ignored these guidelines and drug me from my bed in my underwear. Even after informing ERT of these medical needs I was cuffed and forced to walk and maintain my balance while cuffed and trying to use my cane. I was lined up in the hallway and escorted down multiple flights of stairs cuffed and with cane. Once again I informed ERT that I should be transported on an elevator, but they ignored my request. On the stairs mid-way through this ordeal, I collapsed on the stairs. I stayed there on the cold stairway in my underwear waiting for help. After 15 mins I was carried up a flight of stairs placed in a wheelchair and transported to division 10 Cell 19 D1. The only thing that was done for me was a blood pressure check.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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Despite multiple request for help with severe back pain, nothing would be done for 3 weeks. I should never have been forced to walk with a cane while cuffed, especially walking down stairs.

My complaint states a clear violation of my 8th amendment.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I pray the court finds my claim both complete and accurate and find in favor of the plaintiff for compensatory damages, punitive damages, and nominal damages against each defendant jointly and severally. My complaint

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 11 day of Aug, 2021

Michael C. Mayo

(Signature of plaintiff or plaintiffs)

Michael C. Mayo

(Print name)

20181127027

(I.D. Number)

2700 South California

Chicago, IL 60608

(Address)



INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(1 of 7)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

Emergency Grievance
 Grievance
 Non-Compliant Grievance

Cermak Health Services
 Superintendent: _____
 Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (#de identificación del Preso)

Mayo

Michael

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

April 30, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente) April 29, 2020	REQUIRED - TIME OF INCIDENT (Horas del Incidente) 6:00AM - 10:00 PM	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) -Division 8/3G -Division 8 Hallway/Stairs -Division 10 D1 cell 19	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) Cook County Sheriffs Cook County Jail
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Cook County Sheriff's Department has been tasked with the responsibility to keep me safe and free from harm, while I am in their custody awaiting trial. On April 29, 2020 they failed to meet this task. On the night of April 28, 2020 an inmate prepared drinks from prescription drugs. These drinks were digested by several inmates and intoxicated them. These inmates played cards, drank, stole from other inmates (bed 3G12 inmate Moises Ramirez #20190726045) and terrorized the whole deck. None of the other inmates were able to sleep this night. Sheriffs were aware

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Camereras on duty staff other inmates

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Suzi Fennell

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

5-1-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Suzi Fennell

SIGNATURE:

DATE REVIEWED:

5-1-20



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(2 of 7)

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

Emergency Grievance
 Grievance
 Non-Compliant Grievance

Cermak Health Services
 Superintendent:
 Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

Mayo

Michael

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

April 30, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

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The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

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The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

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The grieved issue must not contain more than one issue.

The grieved issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRETRICES PARA AGRARIOS Y RESUMEN DE QUEJA

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El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correcional (TRC/CRW).

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El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

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REQUIRED - DATE OF INCIDENT (Fecha del Incidente) April 29, 2020	REQUIRED - TIME OF INCIDENT (Horas del Incidente) 6:00 AM - 10:00 PM	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) Division 8/3G Division 8 Hallway /stairs Division 10 D1 Cell 19	REQUIRED - Tom Dart /Medical Staff NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) Cook County Sheriffs Cook County Jail
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of this activity and did nothing. At or about 7:30 AM on April 29, 2020 these inmates requested that the TV and phone be turned on. The sergeant on duty refused to turn on the TV and phones because of their behavior the night before. At this time many of these inmates became disorderly and multiple fights broke out. As these fights ensued, inmates were throwing the officers phone and computer at other inmates. During this chaos multiple inmates were chased around the deck and hit with mop buckets or what ever could be found. Inmates had a can of

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Cameras on duty staff other inmates

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

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CRW/PLATOON COUNSELOR (Print):

Sgt L Fender

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

5-4-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Sgt Wm Mayo

SIGNATURE:

DATE REVIEWED:

5-11-20



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(3 of 7)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

 Emergency Grievance Cermak Health Services Grievance Superintendent: Non-Compliant Grievance Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

April 30, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

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DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

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La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente) April 24, 2020	REQUIRED - TIME OF INCIDENT (Horas del Incidente) 6:00 AM 10:00 PM	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) Division 8 3G Division 8 Hallway Division 10 D1 Cell 19	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) Cook County Sheriff's CDOK County Jail
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mace concealed in his pants, he revealed it and began spraying other inmates. In my attempt to avoid the mayhem I was sprayed and hit with m. items. This activity continued for over an hour while the guards and staff who have been instructed to keep me safe, looked on from a safe distance behind security glass. Security staff was unmoved by our pleas for help and continued to look on as multiple inmates were assaulted by this out of control group of inmates. It was not until well after an hour that ERT arrived. ERT entered the deck armed and with dogs. ERT used excessive force to cuff and restrain all inmates on the deck.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Cameras on duty stalk other inmates

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Sup. L. Fenster

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

5-11-20

SIGNATURE:

DATE REVIEWED:

5-11-20



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(4057)

(4057)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

 Emergency Grievance Grievance Non-Compliant Grievance Cermak Health Services Superintendent: Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (#de identificación del Preso)

Mayo

Michael

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

April 30, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

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DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

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REQUIRED - DATE OF INCIDENT (Fecha del Incidente) April 29, 2020	REQUIRED - TIME OF INCIDENT (Horas del Incidente) 6:00 AM - 10:00 PM	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) Division 8/3G Division 8 Hallway/stairs Division 10 D1 Cell 19	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) Cook County Sheriffs Cook County Jail
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ERT used no discretion to determine who the trouble makers were. I have been proscribed a cane by a medical doctor to assist me with walking and also prohibits me from being cuffed while moving. ERT ignored these guidelines and drug me from my bed in my underwear. Even after informing ERT of these medical needs I was cuffed and forced to walk and maintain my balance while cuffed and trying to use my cane. I was lined up in the hallway and escorted down multiple flights of stairs cuffed and with cane. Once again I informed ERT that I should be transported on an

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o preso que tengan información:)

Comesar on duty staff other inmates

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE: C/F A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Sup J Fendall

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

5-1-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Swain

SIGNATURE:

DATE REVIEWED:

5-11-20



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(5 of 7)

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(! Para ser llenado solo por el personal de Inmate Services !)

 Emergency Grievance Cermak Health Services Grievance Superintendent: Non-Compliant Grievance Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

Maye

Michael

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

April 30, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente) April 29, 2020	REQUIRED - TIME OF INCIDENT (Horad del Incidente) 6:00 AM 10:00 PM	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) Division 8/3G Division 8 Hallway / stairs Division 10 D1 Cell 19	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) Cook County Sheriffs Cook County Jail
--	---	--	--

elevator, but they ignored my request. On the stairs mid-way through this ordeal, I collapsed on the stairs. I stayed there on the cold stairway in my underwear waiting for help. After about 15 mins, I was carried up a flight of stairs to a wheelchair and transported to division 10 D1 cell 19 (this was a cold two man cell). At no time during this ordeal was I given cloths to keep me warm. I stayed in this cold cell for over 12 hours until I was transported back to division 8 for my continued medical needs. During this ordeal I was never given my multiple life saving medication.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Cameras on duty staff other inmates

INMATE SIGNATURE: (Firma del Preso)

(Firma del Preso)

Michael Maye

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): Suppl Fender	SIGNATURE: 	DATE CRW/PLATOON COUNSELOR RECEIVED: 5-4-20
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): Silberg	SIGNATURE: 	DATE REVIEWED: 5-11-20



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(6057)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(! Para ser llenado solo por el personal de Inmate Services !)

Emergency Grievance
 Grievance
 Non-Compliant Grievance

Cermak Health Services
 Superintendent: _____
 Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

April 30, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

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The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

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El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente) April 29, 2020	REQUIRED - TIME OF INCIDENT (Horas del Incidente) 6:00 AM 10:00 AM	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) Division 8 / 3G Division 8 Hallway / Stairs Division 10 D1 Cell/A	REQUIRED - Tom Dart / Medical Staff NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) Cook County Sheriff's Cook County Jail
--	---	---	---

I am 43, anemic, diabetic, have high blood pressure, kidney failure, sleep apnea and recovering from the COVID-19 virus, which CCDOC exposed me to. I do not feel safe in CCDOC custody. CCDOC has neglected the following issues. 1. Failure to protect 2. Failure to search inmates for contraband (Mace) 3. Failure to administer life saving medication. 4. Failure to follow guidelines and procedures for individuals with canes. 5. Failure to provide medical attention after being exposed to mace. 6. Excessive force. 7. Being placed in a two man cell 8. Being placed in a bull

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o preso que tengan información:)

Cameras on duty staff other inmates

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Sup. L. Fender

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

5-1-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Swanigan

SIGNATURE:

DATE REVIEWED:

5-11-20



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(7087)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

Emergency Grievance
 Grievance
 Non-Compliant Grievance

Cermak Health Services
 Superintendent: _____
 Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (#de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

April 30, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

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REQUIRED - DATE OF INCIDENT (Fecha del Incidente) April 29, 2020	REQUIRED - TIME OF INCIDENT (Horas del Incidente) 6:00 AM 10:00 PM	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) Division 8 13G Division 8 Hallway/Stairs Division 10 D1 Cell 19	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) Cook County Sheriff Cook County Jail
--	---	---	---

pin with 20 plus inmates. Re classifying me to a division that could not service my medical needs (division 10 D1 Cell 19). I am asking that the following camera footage from April 29, 2020, be preserved. Footage from 7:30 AM until 10:00 PM. This should include division 8 tier 3G, 3rd floor hallway, division 8, division 8 stairway and elevators, ERT body cam, tunnel to division 10, division 10 D1 Cell 19 and any other footage that supports my claim. In addition (CCDC is still in violation of a federal injunction to discontinue use of bullpens, two man cells and group housing.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Cameras on duty, staff, other inmates

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SARAH FENDER

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

5-4-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Sarah Fender

SIGNATURE:

DATE REVIEWED:

5-11-20

COOK COUNTY SHERIFF'S OFFICE

(Cuerpo del Sheriff del Condado de Cook)

INMATE SERVICE REQUEST/RESPONSE/APPEAL FORM

(Solicitud de Servicio del Preso / Respuesta / Apelación)

Swanson

CONTROL NUMBER

INMATE #

2020

4886

111113

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE FIRST NAME (Primer Nombre):

Michael

ID Number (Número de Identificación):

201811057037

INMATE LAST NAME (Apellido del Preso):

80 Facultate to Protect

INMATE MIDDLE NAME (Apellido del Medio):

INMATE TITLE OR RANK (Example: Superintendent, Cermak Health Services):

INMATE POSITION OR RANK (Example: Superintendent, Cermak Health Services):

DATE REFERRED:

5/11/20

RESPONSE BY PERSONNEL HANDLING REFERRAL

See attached

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

Michael Mayo

Michael Mayo

IS

5/11/20

INMATE SIGNATURE (Firma del Preso):

Michael Mayo

Delv Via COVID19

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida):

5/11/2020

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

INMATE COPY

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): May 112, 2020

The Cook County Sheriff's Department did not take appropriate measures to protect me.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? Yes (Sí) No

(Apelación del preso aceptada por el administrador o su designado(a))

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o su designado(a):)

You can follow up with CPR - as instructed
Original response response stands.

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o su Designado(a)): 10210

SIGNATURE (Firma del Administrador o su Designado(a)): 10210

DATE (Fecha): 5/14/20

INMATE SIGNATURE (Firma del Preso):

Delv. via COVID19 Rev A

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

5/26/20

(FCN-72) (NOV 17)

(WHITE COPY - INMATE SERVICES)

(YELLOW COPY - C.R.W.)

(PINK COPY - INMATE)

15

Inmate Grievance Number: 2020x04886
Numero De Queja

Your allegation(s) have been forwarded to the Offices of Professional Review and Divisional Superintendent for review and/or investigation.

Su alegación(es) han sido enviadas a la Oficina del Departamento de Revisión Professional (OPR) y al Superintendente de la División para una revisión y/o investigación.

You may follow-up with the Office of Professional Review by contacting their office directly, by utilizing the address below or submitting an inmate request form, to speak with the Divisional Superintendent.

Usted podrá darle seguimiento a su alegación(es), contactando al Departamento de Revisión Professional (OPR) de manera directa, utilizando la dirección que está en la parte de abajo o sometiendo una Forma de Solicitud del Preso para poder hablar con el Superviniente de la División.

To exhaust your administrative remedy (regardless of the OPR investigation review, determination or outcome) you must appeal this immediate grievance response within 15 calendar days.

Con el fin de agotar los recursos administrativos (independiente de la revisión de la investigación, decisión o el resultado de OPR) usted debe apelar la respuesta principal de esta queja dentro los 15 días calendarios.

Office of Professional Review
3026 S. California Ave
Building 2 / 4th floor
Chicago, Illinois 60608

INMATE COPY

Michael Mayo

20181127027

2700 South California

Chicago, IL 60608

08/31/2021-62



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ZIP 60608
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RECEIVED

M

AUG 31 2021

THOMAS G BRUTON

CLERK, U.S. DISTRICT COURT

N

Prisoner Correspondence
Clerk's Office

U.S. District Court

219 South Dearborn Street 20th Floor

Chicago, IL 60604

RECEIVED

AUG 31 2021

THOMAS G. BRUTON

CLERK, U.S. DISTRICT COURT

10 X 19

